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Fill in this info	rmation to identify your	case:			
Debtor 1	Scott H Blumsacl	k			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for the:	DISTRICT OF MASSAC	CHUSETTS		
Case number	21-40248				
(if known)				I	Check if this is a amended filing

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	t 1: Summarize Your Assets		
		Your a Value o	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	663,927.0
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	81,403.8
	1c. Copy line 63, Total of all property on Schedule A/B	\$	745,330.8
Pai	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	459,497.0
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	557,297.9
	Your total liabilities	\$	1,016,794.94
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,696.8
	0.1.1.1.1.7.5.5.7.000.000		7,446.0
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	,
	Copy your monthly expenses from line 22c of Schedule J  t 4: Answer These Questions for Administrative and Statistical Records	\$	,
	Copy your monthly expenses from line 22c of Schedule J		,
Pai	Copy your monthly expenses from line 22c of <i>Schedule J.</i>		
Pai	Copy your monthly expenses from line 22c of Schedule J	ur other sch	hedules.

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Debtor 1	Scott H Blumsack			Case number (if known)	21-40248	

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. <b>Total.</b> Add lines 9a through 9f.	\$

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			Document	Page 3 of 28		i	
Fill in this	information to identify	your case and th	is filing:				
Debtor 1	Scott H Blum	ısack					
Dobtor 2	First Name	Middle	Name	Last Name			
Debtor 2 (Spouse, if filing	ng) First Name	Middle	Name	Last Name			
United Sta	tes Bankruptcy Court for	the: DISTRICT	OF MASSACHUSET	TS			
Case numl	ber <b>21-40248</b>			_		ı	☐ Check if this is an amended filing
Scheon each cate think it fits be nformation.	est. Be as complete and a	operty escribe items. List a	e. If two married peop	an asset fits in more than one le are filing together, both are he top of any additional pages	equally resp	onsible for sup	plying correct
Do you o				wn or Have an Interest In g, land, or similar property?			
	d Homestead Rd. address, if available, or other desc	ription	ш .		the amount	of any secured	ms or exemptions. Put claims on Schedule D: s Secured by Property.
Grot	on MA	01450-0000 ZIP Code	_	d or mobile home	Current va		Current value of the portion you own? \$663,927.00
			☐ Timeshare ☐ Other ☐ Who has an interes ☐ Debtor 1 only	st in the property? Check one	(such as fo		ur ownership interest ncy by the entireties, or
Midd	llesex		Debtor 2 only				
County			At least one of	Debtor 2 only of the debtors and another you wish to add about this itel tion number:	(see in:	structions)	nunity property
2. Add th	ne dollar value of the po	rtion you own fo Part 1. Write that	r all of your entries number here	from Part 1, including any	entries for	=>	\$663,927.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Deb	otor 1 Scott H Blumsack	Document Page 4 of 28 Case	e number (if known) 21-	40248
3. <b>C</b>	ars, vans, trucks, tractors, sport utility v	ehicles, motorcycles		
	No			
	Yes			
3.1	Make: Mitsubishi	Who has an interest in the property? Check one		claims or exemptions. Put ed claims on Schedule D:
	Model: Outlander	Debtor 1 only		ims Secured by Property.
	Year: 2010	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage: 140,000 Other information:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Failed inspection, off the road,	At least one of the debtors and another		
	not insured.	☐ Check if this is community property (see instructions)	\$2,500.00	\$2,500.00
5 <i>A</i>	pages you have attached for Part 2. Write	wn for all of your entries from Part 2, including any that number here		\$2,500.00
	3: Describe Your Personal and Household			Command value of the
ро	you own or have any legal or equitable i	nterest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E	ousehold goods and furnishings Examples: Major appliances, furniture, linen I No I Yes. Describe	s, china, kitchenware		
		old Goods and Furnishings (owned joinly with	h	\$7,500.00
	non-filing spou	use, Debtor's Interest reflected at 50% FMV)		\$7,500.00
	including cell phones, cameras,  No  Yes. Describe			ions; electronic devices
		ioinly with non-filing spouse, Debtor's Interes % FMV), iMac, iPhone 10, Camera	ST	\$1,500.00
E	ollectibles of value Examples: Antiques and figurines; paintings other collections, memorabilia, c ■ No ■ Yes. Describe	, prints, or other artwork; books, pictures, or other art collectibles	bjects; stamp, coin, or ba	aseball card collections;
	quipment for sports and hobbies  Examples: Sports, photographic, exercise, a musical instruments  No  Yes. Describe	and other hobby equipment; bicycles, pool tables, golf o	clubs, skis; canoes and k	ayaks; carpentry tools;

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Case number (if known) 21-40248 Debtor 1 Scott H Blumsack Guitars, ukuleles, musical equipment, sporting goods, bike \$2,500.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment □ No Yes. Describe..... \$3,000.00 3 handguns (stored at Debtor's father's house) with accessories 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$700.00 Men's Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$1,075.00 Wedding band, watch 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ No Yes. Describe..... Dog \$0.00 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$16,275.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No Cash \$20.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes.....

Official Form 106A/B

	Case 21-40248		ed 04/26/21 Entered 04/26/21 13:0	00:12 Desc Main
Debtor 1	Scott H Blumsack	U	ocument Page 6 of 28 Case number (	(if known) 21-40248
	17.1.	Checking	Citizens Bank (Joint) (actual balance on date was \$73,429.60, however funds in excess of \$85.17 are attributable to nonspouse's retirement withdrawal/rollover those funds do not belong to the Debtor	-filing ; and
	17.2.	Savings	Citizens Bank (Joint)	\$900.00
18. <b>Bonds</b> <i>Exam</i> ■ No	s, mutual funds, or publi ples: Bond funds, investm	cly traded stocks ent accounts with brol	erage firms, money market accounts	
☐ Yes.		Institution or issuer n	ame:	
-	ublicly traded stock and venture	interests in incorpo	rated and unincorporated businesses, including an	n interest in an LLC, partnership, and
■ Yes.	Give specific information Na	about themme of entity:	 % of ownersh	iip:
	Ma	ass Athletics, LLC	50	% \$0.00
Exam □ No	List each account separa Type	SA, Keogh, 401(k), 40 tely. of account:	3(b), thrift savings accounts, or other pension or profit  Institution name:	-sharing plans
	Defii 401(	ned Contribution a)	YMCA Retirement Fund	\$48,823.04
	State	e Retirement	Massachusetts Deferred Compensation SMART Plan	\$2,094.59
Your s Exam		ts you have made so	hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications	
■ No □ Yes.			Institution name or individual:	
23. <b>Annui</b> <b>I</b> No	ties (A contract for a perio	odic payment of money	to you, either for life or for a number of years)	
	lssuer nan	ne and description.		
26 U.S	ts in an education IRA, i .C. §§ 530(b)(1), 529A(b),		alified ABLE program, or under a qualified state tu	ition program.
■ No □ Yes.	Institution	name and description.	Separately file the records of any interests.11 U.S.C.	§ 521(c):
_	s, equitable or future inte	erests in property (ot	ner than anything listed in line 1), and rights or po	wers exercisable for your benefit
■ No □ Yes.	Give specific information	about them		

		Case 21-402	48 Do	c 20	Filed 04/26/21		6/21 13:00:12	Desc Main
De	ebtor 1	Scott H Blumsa	ck		Document	Page 7 of 28	ase number (if known)	21-40248
	Examp  ■ No		names, web	osites, pro	s, and other intellectua ceeds from royalties an		ds.	
	License	es, franchises, and	other gene	ral intang	gibles cooperative association	holdings, liquor licens	es, professional licenso	es
	☐ Yes.	Give specific information	ation about t	them				
M	oney or p	property owed to yo	ou?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	□ No	unds owed to you	itian about th	ham inglu	iding whether you alrea	du filed the vetures on	d the tay years	
	<b>—</b> 165. (	Give specific informa	וווטוז מטטענ נו	nem, mciu	iding whether you alrea	uy illed the returns and	a trie tax years	
				Poten	tial tax refunds for 2	2019-2020	State and Feder	ral \$2,000.00
	Other a	Give specific information amounts someone colles: Unpaid wages, college benefits; unpaid	owes you disability ins I loans you r ation	nade to so				nsation, Social Security
				Denied ( (estimat	Unemployment Clai ed)	ms (Nov 2020 - fili	ng date)	\$8,706.00
	Examp □ No	ts in insurance poli bles: Health, disability Name the insurance	, or life insu	each poli	alth savings account (H	SA); credit, homeown		nce Surrender or refund value:
			Auto and		owners insurance jo use	int Debtor a	nd Spouse	\$0.00
			Health In	nsurance	under non-filing	Debtor a	nd Spouse	\$0.00
	If you a someo	are the beneficiary of ne has died.	a living trus		omeone who has died proceeds from a life ins		urrently entitled to rece	sive property because
	⊔ Yes.	Give specific informa	ation					
33.					ou have filed a lawsuit trance claims, or rights t		or payment	

Debtor 1	Scott H Blumsac	Document	Page 8 of 28  Case number (if kn	owa) 21-40248
	Describe each claim			21-40240
				to to not off alabas
□ No	Describe each claim	•	ng counterclaims of the debtor and righ	its to set off claims
		Potential Counterclaims i Scott H et al, Docket No.	n Rielly, Kevin M et al vs. Blumsac 1581CV03645.	k, Unknown
■ No	nancial assets you did			
		of your entries from Part 4, including a er here	nny entries for pages you have attached	\$62,628.80
Part 5: De	scribe Any Business-Re	lated Property You Own or Have an Interest	In. List any real estate in Part 1.	
	own or have any legal o	equitable interest in any business-related	oroperty?	
Yes. (	Go to line 38.			
				Current value of the portion you own? Do not deduct secured claims or exemptions.
	nts receivable or con	nmissions you already earned		
■ No □ Yes	Describe			
	200000			
	equipment, furnishin ples: Business-related		eopiers, fax machines, rugs, telephones, d	esks, chairs, electronic devices
Yes.	Describe			
	Ath	nter and radar gun from the sports lletics, LLC, worth approx \$1000. se supplies, Debtor's interest refle	Debtor does not directly own	\$0.00
■ No	nery, fixtures, equipm	ent, supplies you use in business, and	I tools of your trade	
41. Invent	orv			
■ No	Ory			
☐ Yes.	Describe			
42. Interes ■ No	sts in partnerships or	joint ventures		
		ion about them Name of entity:	% of ownership:	

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Debto	r 1 Scott H Blumsack		Boodinone		Case number (if known)	21-40248
43. <b>C</b> (	stomer lists, mailing lists, or	other compilat	tions			
<b>I</b>	lo.					
	o your lists include personally id	entifiable informa	ation (as defined in 11 U.S	S.C. § 101(41A))?		
	_					
	■ No					
	☐ Yes. Describe					
44 <b>A</b> .	ny huginaga ralatad proparty	vou did not alre	andy lint			
44. Al	ny business-related property	you did not aire	eady list			
_	Yes. Give specific information					
	Add the dollar value of all of y		, ,	, , ,	, ,	\$0.00
1	or Part 5. Write that number h	nere				Ψ0.00
Part 6	Describe Any Farm- and Comm	nercial Fishing-Re	elated Property You Own	or Have an Interes	st In.	
	If you own or have an interest in					
46. <b>D</b>	you own or have any legal o	or equitable inte	erest in any farm- or c	ommercial fishir	ng-related property?	
	No. Go to Part 7.		-			
	Yes. Go to line 47.					
Part 7	Describe All Property You	Own or Have an	Interest in That You Did	Not List Above		
53 <b>D</b> (	you have other property of a	any kind you di	d not already list?			
	xamples: Season tickets, count					
	No					
	Yes. Give specific information					
<b>5</b> 4			Dant 7 Muita that w			<b>**</b>
54.	Add the dollar value of all of y	our entries from	m Part 7. Write that hi	ımber nere		\$0.00
Part 8	List the Totals of Each Part	of this Form				
Tarto	List the Totals of Lacil Fait	OI tills I OIIII				
55. I	Part 1: Total real estate, line 2					\$663,927.00
	Part 2: Total vehicles, line 5			\$2,500.00		
	Part 3: Total personal and hou		line 15	\$16,275.00		
	Part 4: Total financial assets,			\$62,628.80		
	Part 5: Total business-related			\$0.00		
	Part 6: Total farm- and fishing Part 7: Total other property no			\$0.00 \$0.00		
U1. I	art 7. Total other property lit	zi iisieu, iiile 34	Τ	φυ.υυ		
62. <b>-</b>	Total personal property. Add I	ines 56 through	61	\$81,403.80	Copy personal property t	otal <b>\$81,403.80</b>
63	Total of all property on Sched	ule A/R Add lin	o 55 ± lino 62			\$74E 220 90

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Fill in this information to identify your case:					
Debtor 1	Scott H Blumsac	k			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF MASSAC	CHUSETTS		
Case number	21-40248				
(if known)					

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited

Part 1: Identify the Property You Claim as Exem	pt
---	----

	5 TVs (owned joinly with non-filing spouse, Debtor's Interest reflected at	\$1,500.00		\$1,500.00	Mass. Gen. Laws c.235, § 34(2)
	non-filing spouse, Debtor's Interest reflected at 50% FMV) Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	- (-)
	Usual Household Goods and Furnishings (owned joinly with	\$7,500.00		\$7,500.00	Mass. Gen. Laws c.235, § 34(2)
	Failed inspection, off the road, not insured. Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	34(16)
	2010 Mitsubishi Outlander 140,000 miles	\$2,500.00		\$2,500.00	Mass. Gen. Laws c. 235, §
	2 Old Homestead Rd. Groton, MA 01450 Middlesex County Line from Schedule A/B: 1.1	\$663,927.00		\$500,000.00  100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.188, §§ 1, 3
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
2.	For any property you list on Schedule A/B	•	•		
	☐ You are claiming federal exemptions. 11 U	' ' '		(-)(-)	
	You are claiming state and federal nonban	kruptcy exemptions.	, 11 U.S	s.C. § 522(b)(3)	
1.	Which set of exemptions are you claiming	? Check one only, ever	n if yo	our spouse is filing with you.	
	In 1: Identify the Property You Claim as E	xempt			

100% of fair market value, up to

100% of fair market value, up to any applicable statutory limit

\$2,500.00

any applicable statutory limit

\$2,500.00

50% FMV), iMac, iPhone 10, Camera

Line from Schedule A/B: 7.1

Line from Schedule A/B: 9.1

Guitars, ukuleles, musical

equipment, sporting goods, bike

Mass. Gen. Laws c. 235, §

34(17)

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btor 1 Scott H Blumsack			Case number (if known)	21-40248
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
3 handguns (stored at Debtor's father's house) with accessories	\$3,000.00		\$3,000.00	Mass. Gen. Laws c. 235, § 34(17)
Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	G-()
Men's Apparel Line from Schedule A/B: 11.1	\$700.00		\$700.00	Mass. Gen. Laws c.235, § 34(1)
Line Irom Schedule A/B. TTT			100% of fair market value, up to any applicable statutory limit	<b>5-(1)</b>
Wedding band, watch Line from Schedule A/B: 12.1	\$1,075.00		\$1,075.00	Mass. Gen. Laws c. 235, § 34(18)
Line Holli Schedule AVB. 12.1			100% of fair market value, up to any applicable statutory limit	34(10)
Cash Line from Schedule A/B: 16.1	\$20.00		\$20.00	Mass. Gen. Laws c. 235, § 34(15)
Line Holli Schedule AVB. 10.1			100% of fair market value, up to any applicable statutory limit	34(13)
Checking: Citizens Bank (Joint) (actual balance on filing date was	\$85.17		\$85.17	Mass. Gen. Laws c. 235, § 34(15)
\$73,429.60, however funds in excess of \$85.17 are attributable to non-filing spouse's retirement withdrawal/rollover, and those funds do not belong to the Debtor) Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Savings: Citizens Bank (Joint) Line from Schedule A/B: 17.2	\$900.00		\$900.00	Mass. Gen. Laws c. 235, § 34(15)
Line Holli Schedule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	34(13)
Defined Contribution 401(a): YMCA Retirement Fund	\$48,823.04		100%	Mass. Gen. Laws c. 235 § 344
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
State Retirement: Massachusetts Deferred Compensation SMART Plan	\$2,094.59		100%	Mass. Gen. Laws c. 235 § 344
Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit	
State and Federal: Potential tax refunds for 2019-2020	\$2,000.00		\$500.00	Mass. Gen. Laws c. 235, §
Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	34(17)
Denied Unemployment Claims (Nov 2020 - filing date) (estimated)	\$8,706.00		100%	Mass. Gen. Laws c.151A, § 36
LULU - IIIIII uaiej (Esiiiiaieu)			100% of fair market value, up to	

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Del	otor 1	Sc	ott H Biumsack	Case number (if known)	21-40248
3.		•	claiming a homestead exemption of more than \$170,350? to adjustment on 4/01/22 and every 3 years after that for cases filed on or	after the date of adjustment.)	
		No			
		Yes.	Did you acquire the property covered by the exemption within 1,215 days	s before you filed this case?	
			No		
			Yes		

	Case 21-40248	Doc 20 Filed 04/2			:00:12 Desc i	viain
Fill in this	information to identify you	ır case:				
Debtor 1	Scott H Blumsa	ick				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filin	g) First Name	Middle Name	Last Name			
United Stat	es Bankruptcy Court for the	: DISTRICT OF MASSAC	HUSETTS			
Case numb	per <b>21-40248</b>					
(if known)						if this is an
					amend	ded filing
Official I	Form 106D					
		Who Have Clai	ms Secured	by Property	y	12/15
	opy the Additional Page, fill it	If two married people are filing out, number the entries, and at				
1. Do any cre	editors have claims secured b	y your property?				
☐ No.	Check this box and submit t	his form to the court with you	other schedules. Yo	u have nothing else to	o report on this form.	
■ Yes	. Fill in all of the information	below.				
Part 1:	List All Secured Claims					
2. List all se	cured claims. If a creditor has	more than one secured claim, list	the creditor separately	Column A	Column B	Column C
for each clair	m. If more than one creditor has	s a particular claim, list the other clical order according to the credito	creditors in Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 Flags	star Bank FSB	Describe the property that se	cures the claim:	\$412 791 00	\$663 927 00	\$0.00

Creditor's Name 2 Old Homestead Rd. Groton, MA 01450 Middlesex County As of the date you file, the claim is: Check all that 5151 Corporate Dr. apply. Troy, MI 48098 ☐ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only ■ An agreement you made (such as mortgage or secured Debtor 2 only car loan) ☐ Debtor 1 and Debtor 2 only  $\square$  Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a **First Mortgage** Other (including a right to offset) community debt

0139

Last 4 digits of account number

Official Form 106D

Date debt was incurred 6/23/2016

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Debtor 1 Scott H Blumsack		Case number (if known)	21-40248	
First Name Middle N	lame Last Name			
2.2 Hanscom Federal Credit Union	Describe the property that secures the claim:	\$43,254.00	\$663,927.00	\$0.00
Creditor's Name	2 Old Homestead Rd. Groton, MA 01450 Middlesex County			
25 Porter Road, Ste 100 Littleton, MA 01460-1434	As of the date you file, the claim is: Check all that apply.  Contingent	J		
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	)		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Second	Mortgage		
Date debt was incurred 10/25/2018	Last 4 digits of account number 0xx	<b>x</b>		
Hanscom Federal Credit				
2.3 Union	Describe the property that secures the claim:	\$3,452.00	\$663,927.00	\$0.00
Creditor's Name	2 Old Homestead Rd. Groton, MA 01450 Middlesex County			
25 Porter Road, Ste 100 Littleton, MA 01460-1434	As of the date you file, the claim is: Check all that apply.  Contingent	J		
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	1		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)  Second	Mortgage		
Date debt was incurred 10/25/2018	Last 4 digits of account number 0xx	<u>x</u>		
-	Column A on this page. Write that number here:	\$459,497	<b>.</b> 00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$459,497	<b>.</b> 00	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	: Page 1	15 of 28	
Fill in this in	formation to identify your	case:			
Debtor 1	Scott H Blumsack	•			
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF MASSACH	USETTS		
Cooo numbo	r 04 40040				
Case numbe (if known)	r <u>21-40248</u>				Check if this is an
,				"	amended filing
					· ·
	orm 106E/F				
Schedule	e E/F: Creditors W	ho Have Unsecur	<u>ed Claims</u>	<b>i</b>	12/15
any executory Schedule G: E: Schedule D: Ci left. Attach the name and case	contracts or unexpired leases xecutory Contracts and Unexp reditors Who Have Claims Sec Continuation Page to this page enumber (if known).	that could result in a claim. A ired Leases (Official Form 106 ured by Property. If more space. If you have no information t	lso list executory G). Do not include e is needed, cop	d Part 2 for creditors with NONPRIORITY y contracts on Schedule A/B: Property (Of le any creditors with partially secured cla y the Part you need, fill it out, number the t, do not file that Part. On the top of any a	fficial Form 106A/B) and on ims that are listed in e entries in the boxes on the
	st All of Your PRIORITY Un				
_ `	editors have priority unsecure	d claims against you?			
No. Go	to Part 2.				
☐ Yes.					
Part 2: Li	st All of Your NONPRIORIT	Y Unsecured Claims			
	editors have nonpriority unsec	ured claims against you?			
			with your other or	shodulos	
	u have nothing to report in this pa	art. Submit this form to the court	with your other sc	riedules.	
Yes.					
unsecured	claim, list the creditor separately	for each claim. For each claim	listed, identify wha	ho holds each claim. If a creditor has more at type of claim it is. Do not list claims already an three nonpriority unsecured claims fill out	y included in Part 1. If more
					Total claim
4.1 Bria	n R. Brazell	Last 4 digits of	f account numbe	r	\$500,000.00
•	riority Creditor's Name	When wee the	dobt inquerod?	5/26/2015	
	chester, MA 01890	When was the	debt incurred?	3/20/2013	<u> </u>
	per Street City State Zip Code	As of the date	you file, the clain	n is: Check all that apply	
Who	incurred the debt? Check one.	<b>-</b>			
□ De	ebtor 1 only	Contingent			
□ De	ebtor 2 only	Unliquidated	i		
□ De	ebtor 1 and Debtor 2 only	Disputed			
■ At	least one of the debtors and and	other Type of NONP	RIORITY unsecur	red claim:	
□сі	neck if this claim is for a comr	nunity	าร		
debt Is the	claim subject to offset?	☐ Obligations report as priority		paration agreement or divorce that you did n	not
■ No	)	☐ Debts to per	nsion or profit-sha	ring plans, and other similar debts	
□ Ye	es	Other. Spec	Business ify 1581CV03	Dispute. Plaintiff in 3645.	

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Scott in Biullisack		21-40246	
Capital One	Last 4 digits of account number	1621	\$7,318.45
Nonpriority Creditor's Name PO Box 30285	When was the debt incurred?	Various Dates	
Salt Lake City, UT 84130-0285  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
Yes	■ Other. Specify Credit Exte	nded	
Century Bank	Last 4 digits of account number	2430	\$4,858.69
Nonpriority Creditor's Name 400 Mystic Ave.	When was the debt incurred?	Various Dates	
Medford, MA 02155			
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
_			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans	u ciaiii.	
☐ Check if this claim is for a community debt s the claim subject to offset?		aration agreement or divorce that you did not	
No	Debts to pension or profit-sharir	og plans, and other similar debts	
□ Yes	■ Other. Specify Credit Exte		
Chase	Last 4 digits of account number	0104	\$2,926.00
Nonpriority Creditor's Name	Last 4 digits of account number	0104	Ψ2,920.00
PO Box 15298 Wilmington, DE 19850-5298	When was the debt incurred?	Various Dates	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	■ Other. Specify Credit Exte	nded	

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Debt	Scoll in bluffisack		<b>21-40246</b>	
4.5	Citi Cards	Last 4 digits of account number (	6645	\$1,155.16
	Nonpriority Creditor's Name PO Box 6500	When was the debt incurred?	/arious Dates	
	Sioux Falls, SD 57117  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured c	laim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing p	plans, and other similar debts	
	Yes	Other. Specify Credit Extend	led	
4.6	Discover	Last 4 digits of account number	(XXX	\$8,078.00
	Nonpriority Creditor's Name PO Box 30943	When was the debt incurred?	/arious Dates	
	Salt Lake City, UT 84130  Number Street City State Zip Code	As of the date you file, the claim is:	Chack all that apply	
	Who incurred the debt? Check one.	As of the date you me, the oldin is.	Oneon all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cl	laim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing p	elans, and other similar debts	
	Yes	Other. Specify Credit Extend	led	
4.7	Emerson Dental, PC	Last 4 digits of account number		\$374.70
	Nonpriority Creditor's Name 133 Littleton Rd., Ste 201	When was the debt incurred?		
	Westford, MA 01886  Number Street City State Zip Code	As of the date you file, the claim is:	Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cl	laim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separat report as priority claims	ion agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing p	lans, and other similar debts	
	Yes	■ Other, Specify Dental Service	es	

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Case number (if known) 21-40248

Debto	Scott H Blumsack	Case number (# known) 21-40248	
4.8	Kevin M. Rielly	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 29 Maple St. West Newbury, MA 01985	When was the debt incurred? 5/26/2015	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	☐ Debtor 1 and Debtor 2 only	■ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Business Dispute. Plaintiff in 1581CV03645. Amount claimed same as Line 4.1.	
4.9	Matthew T. McDonough, Esq. Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	482 Broadway Somerville, MA 02145	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify NOTICE ONLY. Counsel in 1581CV03645.	
4.1	Navient	Last 4 digits of account number	\$20,893.07
<u> </u>	Nonpriority Creditor's Name PO Box 9635	When was the debt incurred? 2003	· · · · · · · · · · · · · · · · · · ·
	Wilkes-Barre, PA 18773-9635  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	■ Student loans □ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	☐ Other. Specify	

Student Loans

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Deptor 1	Scott H Blumsack		Case no	umber (if know	vn) <b>21-40248</b>	
	The Graphic Edge, LLC	Last 4 digits of account number	3763	<b>.</b>	_	\$11,693.87
1 F	Nonpriority Creditor's Name 155 Seward Rd. PO Box 757 Rutland, VT 05702	When was the debt incurred?	2019	<u> </u>		
1	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check	k all that apply		
_	Debtor 1 only	-				
_	_	Contingent				
_	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	☐ Check if this claim is for a community lebt	<ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sep</li></ul>	aration ag	greement or div	vorce that you did not	
ls	s the claim subject to offset?	report as priority claims		•	,	
ı	No	Debts to pension or profit-shari	ng plans,	and other simi	ilar debts	
[	Yes	Other. Specify Business S	Service	<u> </u>		
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed				
is trying have m	s page only if you have others to be notified g to collect from you for a debt you owe to s ore than one creditor for any of the debts th for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor in at you listed in Parts 1 or 2, list the add	n Parts 1	or 2, then list	t the collection agency her	e. Similarly, if you
Name and		On which entry in Part 1 or Part 2 did you	u list the c	original creditor	r?	
	A. Grant, Esq.	Line 4.1 of (Check one):	☐ Part 1:	Creditors with	Priority Unsecured Claims	
Law Off 200 Wa	fice of Steven A. Grant		Part 2:	Creditors with	Nonpriority Unsecured Clair	ns
Suite 2						
	, MA 01906					
		Last 4 digits of account number				
Name and	d Address	On which entry in Part 1 or Part 2 did you	u list the c	original creditor	 r?	
	A. Grant, Esq.			•	Priority Unsecured Claims	
	fice of Steven A. Grant		Part 2:	Creditors with	Nonpriority Unsecured Clair	ns
200 Wa						
Suite 2	= s, MA 01906					
oaugus	, MA 01300	Last 4 digits of account number				
Name and	1 Address	On which entry in Dort 1 or Dort 2 did you	. liat tha a		-2	
	orld Systems, Inc.	On which entry in Part 1 or Part 2 did you Line <b>4.7</b> of ( <i>Check one</i> ):	_	•	Priority Unsecured Claims	
	ginia Dr., Ste 514	_	_		Nonpriority Unsecured Clair	me
Fort Wa	ashington, PA 19034				Nonphonty onsecured oran	113
		Last 4 digits of account number	79	981		
Name and	Address	On which entry in Part 1 or Part 2 did you Line <b>4.3</b> of ( <i>Check one</i> ):		-	r? Priority Unsecured Claims	
PO Box					Nonpriority Unsecured Clair	me.
Fargo, I	ND 58125-6352		<b>–</b> Fait 2.	Creditors with	Nonphonty onsecured Clair	115
		Last 4 digits of account number				
Part 4:	Add the Amounts for Each Type of L	Insecured Claim				
6. Total th	e amounts of certain types of unsecured cl unsecured claim.		reporting	j purposes on	ıly. 28 U.S.C. §159. Add the	amounts for each
-, 20 01					Total Claim	
	6a. Domestic support obligation	ns	6a.	\$	Total Claim 0.00	
Total	oa. Domestic support obligation		Ja.	Ψ	<u>U.UU</u>	
claims	Ch Tayan and anti-in at 111	to you awa the gays	C.L.	•		
from Part		its you owe the government Il injury while you were intoxicated	6b. 6c.	\$	0.00	
		nsecured claims. Write that amount here	60. 6d	ф ———	0.00	

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Deptor 1	COTT H B	Iumsack	Case no	IMDER (if known)	21-40248
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Total	Claim
	6f.	Student loans	6f.	\$	20,893.07
otal laims rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	536,404.87
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	557,297.94

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Fill in this information to identify your case:									
Debtor 1									
	First Name	Middle Name	Last Name	<del></del>					
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name						
United States Ba	ankruptcy Court for the:	DISTRICT OF MASSAC	CHUSETTS						
	21-40248								
(if known)					☐ Check if this is an				
					amended filing				

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					<u> </u>
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Ony		Oldio	211 0000	
	Name				<del>_</del>
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	-				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

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Fill in th	nis information to identify your o	case:		
Debtor '	Scott H Blumsack			
D = l= ( = = /	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if,		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	DISTRICT OF MASSAC	HUSETTS	
Case nu	ımber <b>21-40248</b>			
(if known)	21-40240			☐ Check if this is an
				amended filing
Offici	al Form 106H			
	edule H: Your Code	ebtors		12/15
00110	dalo III. Todi oodi	351010		1210
people a fill it out your nar	are filing together, both are equal, and number the entries in the me and case number (if known). To you have any codebtors? (If y	ally responsible for supp boxes on the left. Attach . Answer every question.	olying correct information the Additional Page to the Additional Pag	complete and accurate as possible. If two married n. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write s a codebtor.
Ariz	Vithin the last 8 years, have you cona, California, Idaho, Louisiana, No. Go to line 3.  Yes. Did your spouse, former spou	Nevada, New Mexico, Pu	erto Rico, Texas, Washino	(Community property states and territories include gton, and Wisconsin.)
in li For	ine 2 again as a codebtor only if	f that person is a guaran	tor or cosigner. Make su	your spouse is filing with you. List the person shown ire you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and ZIF	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
				,
3.1	Brian S. Blumsack			☐ Schedule D, line
	1 Drummond Rd.			■ Schedule E/F, line 4.1
	Stoneham, MA 02180			☐ Schedule G
				Brian R. Brazell
3.2	Brian S. Blumsack			☐ Schedule D, line
	1 Drummond Rd.			Schedule E/F, line4.8
	Stoneham, MA 02180			☐ Schedule G
				Kevin M. Rielly
3.3	Danielle Froio-Blumsack			■ Schedule D, line 2.1
	2 Old Homestead Rd.			☐ Schedule E/F, line
	Groton, MA 01450			☐ Schedule G
				Flagstar Bank FSB

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Debtor 1 Scott H Blumsack Case number (if known) 21-40248

	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Danielle Froio-Blumsack 2 Old Homestead Rd. Groton, MA 01450	■ Schedule D, line □ Schedule E/F, line □ Schedule G Hanscom Federal Credit Union
3.5	Danielle Froio-Blumsack 2 Old Homestead Rd. Groton, MA 01450	■ Schedule D, line □ Schedule E/F, line □ Schedule G Hanscom Federal Credit Union
3.6	Mass Athletics, LLC 2 Old Homestead Rd. Groton, MA 01450	□ Schedule D, line ■ Schedule E/F, line4.1 □ Schedule G Brian R. Brazell
3.7	Mass Athletics, LLC 2 Old Homestead Rd. Groton, MA 01450	☐ Schedule D, line ■ Schedule E/F, line4.8 ☐ Schedule G Kevin M. Rielly
3.8	Mass Athletics, LLC 2 Old Homestead Rd. Groton, MA 01450	☐ Schedule D, line ■ Schedule E/F, line4.11 ☐ Schedule G The Graphic Edge, LLC

Fill	in this information to identify your	case:										
	otor 1 Scott H BI											
	otor 2					_						
Uni	ted States Bankruptcy Court for the	ne: DISTRICT OF MASS	ACHUSETTS			_						
Case number (If known) 21-40248								ended lemer	nt show	ving postpetition		
0	fficial Form 106I						MM / D			o romo miligi dato	•	
S	chedule I: Your Inc	come					iviivi / D	Σ,			12/1	
sup spo atta	as complete and accurate as popularing correct information. If you are separated and you have a separated and you have a separate sheet to this form the complex of the com	u are married and not fili our spouse is not filing w n. On the top of any additi	ng jointly, and y ith you, do not	your spou include in	se i: forn	s livii natio	ng with you, n about your	inclu spou	de info use. If 1	ormation about more space is	your needed,	
1.	Fill in your employment information.		Debtor 1				Deb	Debtor 2 or non-filling spouse				
	If you have more than one job,	Employment status	■ Employed	■ Employed			<b>■</b> E	■ Employed				
	attach a separate page with information about additional	Employment status	☐ Not employed				□N	☐ Not employed				
	employers.	Occupation	Sales	Sales					Engineer			
	Include part-time, seasonal, or self-employed work.	Employer's name	Green Star	Herbal			DOI	)				
	Occupation may include studen or homemaker, if it applies.	Employer's address										
D	tt 2: Give Details About M	How long employed t	here? jus	st started				ap	prox	15 years		
Esti spou	mate monthly income as of the use unless you are separated.  ou or your non-filing spouse have the space, attach a separate sheet	date you file this form. If	,			mplo	, .	erson	on the	e lines below. If	J	
2.	List monthly gross wages, sa deductions). If not paid monthly			e.	2.	\$	1,560.	00	* non-	11,077.73		
3.	Estimate and list monthly over	rtime pay.			3.	+\$_	0.	00	+\$_	0.00		
4.	Calculate gross Income. Add	line 2 + line 3.			4.	\$	1,560.00		\$	11,077.73		

Deb	tor 1	Scott H Blumsack	_	C	Case number (if know	n) .	21-40	248		
					For Debtor 1		For D	ebtor 2	or	
							non-f	iling spo	ouse	
	Cop	by line 4 here	4.		\$1,560.0	0	\$	11,07	77.73	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	a	\$ 390.0	n	\$	2.80	93.84	
	5b.	Mandatory contributions for retirement plans	5b		\$ 0.0		\$		64.67	-
	5c.	Voluntary contributions for retirement plans	50		\$ 0.0		\$		38.62	-
	5d.	Required repayments of retirement fund loans	5d	d.	\$ 0.0	_	\$		0.00	-
	5e.	Insurance	5e	€.	\$ 0.0	0	\$	67	74.61	-
	5f.	Domestic support obligations	5f.		\$ 0.0	0	\$		0.00	-
	5g.	Union dues	<b>5</b> g	,	\$		\$		0.00	-
	5h.	Other deductions. Specify: FSA	5h	1.+	\$0.0	0 +	+ \$	22	29.15	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$390.0	0	\$	4,5	50.89	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ <u>1,170.0</u>	0	\$	6,52	26.84	-
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a		\$ 0.0		\$		0.00	-
	8b.	Interest and dividends	8b	).	\$0.0	0	\$		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	80	<b>)</b> .	\$0.0	0	\$		0.00	_
	8d.	• • •	80		\$ 0.0	0	\$		0.00	-
	8e.	Social Security	8e	€.	\$	0	\$		0.00	_
	8f.	Other government assistance that you regularly receive								
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental	;							
		Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$0.0	0	\$		0.00	_
	8g.	Pension or retirement income	8g		\$		\$		0.00	-
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	0 +	+ \$		0.00	-
9.	Δdc	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.0	0	\$		0.00	
0.	,	an one mooner has most our our our our our officer.	0.	L	0.0		Ľ=		0.00	
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,170.00 +	\$	6.53	26.84 =	\$	7,696.84
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	1,170.00	Ψ_	0,32	-		7,030.04
11			,							
		te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your		ende	ents, vour roomma	ates	. and			
		er friends or relatives.			,,,		,			
	_	not include any amounts already included in lines 2-10 or amounts that are not	avail	able	to pay expenses	liste	ed in Sc		_	
	Spe	ecify:					_	11	<b>⊦</b> \$	0.00
12.	Add	the amount in the last column of line 10 to the amount in line 11. The res	ult is	the	combined month	lv in	come.			
		te that amount on the Summary of Schedules and Statistical Summary of Certai								7 000 04
	app	lies						12.	<u> </u>	7,696.84
									ombir	ned
	_		_					n	onthl	y income
13.	Do	you expect an increase or decrease within the year after you file this form	?							
		No.								
	П	Yes. Explain:								

Fill	in this information to identify your case:				
Deb	otor 1 Scott H Blumsack		Check	c if this is:	
L.				An amended filing	
	ouse, if filing)			\ supplement show ⊦3 expenses as of t	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS	3		MM / DD / YYYY	
1	21-40248 (nown)				
O	fficial Form 106J		•		
S	chedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this further (if known). Answer every question.				
Par 1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Debto	or 2.	
2.	Do you have dependents? □ No			<del>-</del> -	
	Do not list Debtor 1 and Debtor 2.  Fill out this information for each dependent	Dependent's relati		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.	Son		8	Yes
		Daughter		10	□ No ■
		Daugittei			■ Yes □ No
					☐ Yes
					□ No
3.	Do your expenses include ■ No				☐ Yes
	expenses of people other than yourself and your dependents?				
	<u>·                                    </u>				
exp	t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a suppolicable date.	ou are using this followed	orm as a sup	oplement in a Cha box at the top of	pter 13 case to report f the form and fill in the
Incl	lude expenses paid for with non-cash government assistance if	vou know			
the	value of such assistance and have included it on Schedule I: Y			Your expe	enses
(Oi	ficial Form 106l.)			Tour expe	
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	e 4. \$		3,172.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		300.00
5.	<ul> <li>4d. Homeowner's association or condominium dues</li> <li>Additional mortgage payments for your residence, such as hor</li> </ul>	ne equity loans	4d. \$ 5. \$		0.00 200.00

ebtor 1 S	cott H Blumsack	Case num	ber (if known)	21-40248
. Utilities	:			
6a. E	lectricity, heat, natural gas	6a.	\$	350.00
6b. W	/ater, sewer, garbage collection	6b.	\$	109.00
6c. T	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	300.00
6d. O	ther. Specify:	6d.	\$	0.00
. Food ar	nd housekeeping supplies		\$	950.00
Childca	re and children's education costs	8.	\$	0.00
Clothin	g, laundry, and dry cleaning	9.	\$	75.00
. Person	al care products and services	10.	\$	0.00
. Medical	l and dental expenses	11.	\$	100.00
. Transpo	ortation. Include gas, maintenance, bus or train fare.		_	
	nclude car payments.	12.	•	200.00
	inment, clubs, recreation, newspapers, magazines, and books	13.	\$	175.00
	ble contributions and religious donations	14.	\$	0.00
Insuran				_
	nclude insurance deducted from your pay or included in lines 4 or 20.	45.	Φ.	
	ife insurance	15a.	·	0.00
	ealth insurance	15b.	·	0.00
	ehicle insurance	15c.	\$	150.00
	ther insurance. Specify:	15d.	\$	0.00
Specify:		16.	\$	0.00
	nent or lease payments: ar payments for Vehicle 1	17a.	\$	410.00
	ar payments for Vehicle 2	17b.	·	155.00
	thor Specify:	17b.	\$	0.00
	ther. Specify:	17d. 17d.		
	syments of alimony, maintenance, and support that you did not report as		Ψ	0.00
	ed from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
	ayments you make to support others who do not live with you.		\$	0.00
Specify:		19.	<u> </u>	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
	lortgages on other property	20a.		0.00
	eal estate taxes	20b.		0.00
	roperty, homeowner's, or renter's insurance	20c.		0.00
	laintenance, repair, and upkeep expenses	20d.		0.00
	omeowner's association or condominium dues	20e.	· -	0.00
Other: S		21.	·	800.00
	, <u> </u>		.Ψ	000.00
	te your monthly expenses d lines 4 through 21.		\$	7,446.00
	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	1,-170.00
				7.446.00
	d line 22a and 22b. The result is your monthly expenses.		\$	7,446.00
	te your monthly net income.		_	
	opy line 12 (your combined monthly income) from Schedule I.	23a.		7,696.84
23b. C	opy your monthly expenses from line 22c above.	23b.	-\$	7,446.00
	ubtract your monthly expenses from your monthly income.		•	050.04
	he result is your monthly net income.	23c.	\$	250.84

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Student Loan payment of \$296 per month is deferred until September 2021. Mortgage payment of \$3,172.00 per month is deferred until July 2021.

Fill in this info	rmation to identify your	case:			
Debtor 1	Scott H Blumsacl	k			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
(Opouse II, IIIIIg)	i iist ivaine	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	DISTRICT OF MASSAC	HUSETTS		
Case number	21-40248				
(if known)					eck if this is an ended filing
ou must file th	his form whenever you fi	n connection with a bank	or amended schedule	errect information. s. Making a false statement, concea in fines up to \$250,000, or imprison	
Si	gn Below				
Did you p	pay or agree to pay some	one who is NOT an attor	ney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petition  Declaration, and Signature	
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules fil	ed with this declaration and	
X /s/ Sc	ott H Blumsack		x		
	H Blumsack ture of Debtor 1		Signature o	of Debtor 2	
Date	April 23, 2021		Date		